

CLAIMS ONLY							Application Number 10525-993	Filing Date		
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	1									
2										
3			1							
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50										
Total Indep			3							
Total Depend			16							
Total Claims			20							